



The socioeconomic within-gender gap in informal caregiving among middle-aged women: Evidence from a Japanese nationwide survey



Mutsumi Tokunaga*, Hideki Hashimoto

Department of Health and Social Behavior, The University of Tokyo, School of Public Health, Japan

ARTICLE INFO

Article history:

Received 20 June 2016
Received in revised form
28 October 2016
Accepted 26 November 2016
Available online 28 November 2016

Keywords:

Informal care
Women's gender role
Socioeconomic status
Unequal burden of care
Japan

ABSTRACT

Caregiving to older people with needs has been mainly dependent on informal care provision by female caregivers. Compared with the care burden gender gap, the within-gender gap in women's socioeconomic status (SES) has attracted less policy attention. We investigated the association between middle-aged women's SES and the likelihood of being a primary caregiver for elderly informal care, focusing on household income, women's marital status, work status, and educational background under the universal and public system of formal long-term care provision in Japan. We used repeated cross-sectional data from nationally representative household surveys conducted between 2010 and 2013 to obtain a sample of 2399 women aged between 40 and 60 years living in the same household as a care recipient. We conducted multiple logistic regression analysis to obtain odds ratios of being a primary caregiver in the household regressed on women's SES variables, adjusting for the characteristics of care recipients and household composition. The results showed that single women with lower education were likely to be primary caregivers when the care recipients had severe levels of care needs, whereas the association was null in the case of care recipients with milder conditions. The results indicated that women's low education and non-married status were related to a higher likelihood of becoming a primary caregiver of severely disabled elderly for reasons other than lower economic power.

To emancipate socioeconomically vulnerable women from the care burden, a broader set of social, economic, and welfare policies are needed.

© 2016 Elsevier Ltd. All rights reserved.

1. Introduction

Caregiving to older people with needs has been mainly dependent on informal care provision by female caregivers. A recent meta-analysis of 229 studies reported that 69% of informal caregivers are women, and that there is a gender gap in the number of caretakers and the hours spent caretaking (Pinguart and Sørensen, 2006). This gender-biased burden of caregiving may result from traditional norms about gender roles (Ikegami, 1997; Tokunaga et al., 2015), gender-specific skills for caring (Allen, 1994), or the wage gender gap in the labor market (Heimueller and Inglis, 2006).

To relieve and equalize the burden of care in the household (Pinguart and Sørensen, 2006; Tokunaga et al., 2015), some countries, including Japan, have introduced a long-term care insurance

(LTCI) system to provide formal care services with affordable copayment (Ikegami, 1997; Campbell and Ikegami, 2003) that at least partially increases women's participation in the labor market (Shimizutani et al., 2008). However, a gender gap remains, because women in lower income households do not enjoy such benefits.

The within-gender gap in socioeconomic status (SES) has been poorly studied in relation to informal caregiving. Most previous studies focusing on gender disparity in informal care provision have ignored the SES gap for caregivers (Lee et al., 1993; Jenson and Jacobzone, 2000; Kramer and Lambert, 1999; Mathiowetz and Oliker, 2005; Ingersoll-Dayton et al., 1996; Dahlverg et al., 2007; Montgomery, 1992; Hourven et al., 2013). Gender and SES as represented by income, occupation, and educational attainment are conceptually independent (Baxter and Taylor, 2014; Danesh et al., 1999; Dutton et al., 2005; Krieger et al., 1997), but are intertwined in the social stratification of life chances (Krieger, 2014). Women have a greater risk of low income, low educational attainment, and limited opportunities to access resources such as healthcare (Miech et al., 2003; Griffin and Hu, 2015; Greenstein,

* Corresponding author. Department of Health and Social Behavior, The University of Tokyo, School of Public Health, MPH, 7-3-1 Hongo, Bunkyo-ku, Tokyo 113-0033, Japan.

E-mail address: mutt-tyk@umin.ac.jp (M. Tokunaga).

2000; Stevenson and Wolfers, 2009; Stewart et al., 2007; Blundell et al., 2013; Wolf and Soldo, 1994; Benham, 1974).

Therefore, women of low SES may face a greater risk of a biased care burden, because they lack resources to buy formal care, have less social support, and/or their lack of labor force skills leaves them little choice but to remain in the household and provide informal care. Such an intertwined impact of gender and SES on the distribution of informal care burdens deserves policy attention to design welfare programs for fair contribution and compensation of informal care in society. It is important to focus not only on the gender gap, but also on disparity within women. We are not aware of any literature that directly addresses the socioeconomic within-gender gap in informal caregiving among women.

The aim of this study was to examine the association between women's SES and the likelihood of being a primary caregiver for older people in need. We focused particularly on household income, marital status, work status, and educational background among women.

2. Subjects and methods

2.1. Data source

The public insurance system has been the dominant source of formal long-term care (LTC) in Japan since 2000 (Ikegami, 1997). The eligibility of access to formal care is based solely on a functional assessment of the recipient through a standardized protocol, regardless of a household's demographic and SES conditions, and copayment is reduced or exempted for low-income households. We believe that the investigation of the within-gender gap in informal care provision under public LTC provision in Japan will help to identify a gap attributable to women's status in the household, regardless of whether the household can afford LTC.

For this study, we utilized data from the Comprehensive Survey of Living Conditions of the People on Health and Welfare (CSLCP), a nationwide, representative, population-based cross-sectional survey of households that is conducted every 3 years by the Ministry of Health, Labour and Welfare in Japan. We pooled data from the 2010 and 2013 surveys to obtain a sufficient sample size for analysis. We limited the data to 2010 and 2013 because information regarding educational attainment was available only for these survey years. The 2010 survey used a probabilistic sampling of about 5500 sampling area units stratified by 47 prefectures in Japan. All households in the sampled unit were invited to participate in a self-administered questionnaire survey on household sociodemographic conditions and health status, educational status, marital status, and work status of household members. In 2500 randomly selected area units from the original sample, an additional questionnaire was distributed to all households with a member who was officially approved as eligible for public LTC at the time of the survey. Information collected included formal LTC service use, informal caregiving, and functional conditions of care recipients.

These anonymous secondary data have been approved for research use by the appropriate governmental agency, and the need for ethics research committee approval has been waived.

2.2. Subjects and sampling

We needed to define the "population at risk," or those who could potentially be both an informal caregiver in the household and part of the labor force in the formal labor market. To focus on the within-gender gap, we excluded male subjects from our analysis. We further limited our sample to females aged between 40 and 60 years, because women in this age range are most likely to be involved in personal care (mainly of their elderly parents) but can

be still part of the labor force (Kramer and Lambert, 1999; Attias-Donfut et al., 2005; Pavalko and Arits, 1997). We excluded women older than 60 years, the age of public pension eligibility, because they were likely to be retired, and to be involved in caregiving of their elderly spouses/parents regardless of SES.

In 2010, the original survey included 228,864 households and 609,018 subjects from 5510

sampling units in 47 prefectures in Japan (household response rate = 79.1%). Among those aged ≥ 65 years, 13% reported they needed any type of care attention/support in their daily activities, and about 70% actually applied to and were approved as eligible for the LTC services. There were 7192 households eligible for the LTC survey, of which 5912 households provided valid responses. Because the survey only collected detailed information of caregivers living in the same household as a care recipient, we limited our analysis to 2980 households in which care recipients cohabited with primary caregivers in the same household, and also excluded cases where a professional home helper was the primary caregiver.

We excluded 59 households in which the caregiver cared simultaneously for more than two care recipients. Consequently, 1103 households containing 1181 women aged 40–60 years of working age were available as a target sample for further analysis. We conducted similar procedures for the 2013 data; we appended the datasets to obtain 2399 female subjects in 2236 households.

2.3. Measurement

2.3.1. Target variable

Our target variable is a dichotomy of being a primary caregiver for the cohabited elderly with care needs, based on the questionnaire asking who is the primary caregiver of the frail elderly in need in the household.

2.3.2. Female family member characteristics

We considered female family members' characteristics, including age (age < 50 or ≥ 50 years), marital status (whether currently married) (Wolf and Soldo, 1994), and health status (any chronic diseases under treatment). Job status (full-time job, part-time job, no job) (Johnson and Lo Sasso, 2004), and educational attainment ("junior or high school degree," "community college or training graduate," and "university graduate or above") were counted as indicators of individual SES.

2.3.3. Care recipient characteristics

We used care recipients' characteristics, such as age, gender, health status and care eligibility level in public LTCI, as indicators of the amount of care required. An eligibility level higher than II indicated those without functional independence, and needing assistance with meals, toileting, bathing, and clothing (Ikegami, 1997; Tokunaga et al., 2015). We divided the functional disability level into severe (Level III, IV, and V) versus mild (Level I and II, and less than Level I).

2.3.4. Household characteristics

The number of household members aged over 18 years living together was included in the analysis, because it should reflect the household capacity for informal care provision. A count of household members under 18 years was also included, because it should reflect conflicting demand for care provision to dependent children in the household. The CSLCP included an independent subsample for income data, but the LTC questionnaire subsample did not provide this information. We therefore had to estimate household income using a set of household variables common to both subsamples. Using the subsample for income data collection, the household income (sum of labor and pension income) of

Download English Version:

<https://daneshyari.com/en/article/5046768>

Download Persian Version:

<https://daneshyari.com/article/5046768>

[Daneshyari.com](https://daneshyari.com)